

# Missouri DECA Board of Directors Nomination Form

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Candidate Name \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Years of Service as DECA Advisor \_\_\_\_\_  
(Minimum of 3 years service required)

I have reviewed the information on the DECA Board of Directors and agree to submit my name in nomination for Board member.

\_\_\_\_\_  
(Candidate Signature) (Date)

Person submitting nomination if other than candidate.

\_\_\_\_\_  
(Signature) (Date)

Return to: Julie Lyman, Assistant Director  
Marketing & Cooperative Education  
P. O. Box 480  
Jefferson City, MO 65102

**MUST BE RECEIVED NO LATER THAN 5:00 pm, APRIL 1<sup>ST</sup>**